need to ensure that the selected prevention or intervention strategies are age, culture, and gender appropriate, as well as linguistically accessible. Some of the strategies that work well in an urban area may not work as well in a rural community, or those that work for younger populations may not work for older adults. The North Carolina Practice Improvement Collaborative (NC PIC), a project of the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), was established to identify evidence-based programs that would work well in North Carolina, and to encourage the widespread adoption of those practices.

We recognize, however, that communities need some flexibility to address local populations and local needs. In these instances, it may be appropriate to implement best practices— practices with some evidence of effectiveness or practices that have been modeled after other evidence-based programs—but that have not yet risen to the level of evidence-based.

**With limited public funding, we want to ensure that we use our funding wisely, and invest in programs, interventions and strategies that work.**

The Suicide Prevention Resource Center (SPRC) is the only federally supported national resource center that focuses on suicide prevention. SPRC provides training, technical assistance, and other information for health, social services, and educational professionals, and works with state and local suicide prevention organizations. SPRC has identified three levels of best practices.[6] The first level of evidence (Level I) is NREPP's evidence-based programs, described previously. The second level is Expert/Consensus Statements. To be listed as a best practice under Level II, a group of three expert reviewers must review the protocol to determine if it meets the specified level of importance, likelihood of meeting objectives, accuracy, safety, congruence with prevailing knowledge, and appropriateness in the development process. Level II programs include different suicide screening, assessment, and treatment protocols, and education and training materials. It does not have the same proven track record of efficacy but meets accuracy, safety, and program design standards. The third level is called Adherence to Standards. This includes awareness and outreach materials, educational and training programs, screening tools, and other protocols or policies which are designed to reduce the risk of suicide. To be included in the Level III listings, three experts must have reviewed the materials to examine the accuracy of the content, likelihood of meeting objectives, and the programmatic and messaging guidelines. (All of the programs identified by NREPP as evidence-based or by SPRC as best practices are described in brief and referenced in Appendix C.)

The evidence is always evolving. Thus, the state's plan should charge the North Carolina Practice Improvement Collaborative to regularly monitor existing research evidence to ensure that we know what works, place priority on investing public dollars to implement evidence-based or other best practices, and require ongoing evaluation to ensure that the strategies we are investing in are achieving the desired outcomes.